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ABSTRACT

Most counselors have had very little experience with indigenous methods of healing. Indigenous healing can be defined as helping beliefs and practices that originate over extended time within a culture that are not transported from other regions, and that are designed for treating the inhabitants of a given group. Most counselors would find great difficulty in working effectively with clients who use such methods. Yet, the increasing numbers of racial/ethnic minority groups in U.S. society have exposed helping professionals to a host of different belief systems. It is important for counselors to understand indigenous healing practices and their potential role as advocates. This paper discusses the case of a former Hmong soldier who was experiencing difficulty sleeping and frequently had disturbing dreams. His resettlement worker enlisted the help of a highly respected shaman who through chanting and other rituals was able to put the man and his family at ease. This paper also discusses the role of advocates and becoming an advocate for indigenous healing. Mental health professionals must be willing and able to form partnerships with indigenous healers to develop community liaisons if they are to be effective advocates. (Contains 3 references.) (MKA)

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Chapter Fifteen

Advocacy and Indigenous Methods of Healing

Derald Wing Sue

As a counselor, how would you work with culturally different clients who believe that (a) their personal problems were due to spirit possession, (b) only a shaman with special powers could understand the disorder, (c) answers could only be obtained by a journey into the spirit world, and (d) cures could only be accomplished through a formal ritual (chanting, incense burning, symbolic sacrifice, etc.)? Some of you might assume that these clients suffer from delusions, lack contact with reality, or you might try to convince them that spirits do not exist.

Most of us who have had very little experience with indigenous methods of healing would find great difficulty in working effectively with such clients. Yet, the increasing numbers of racial/ethnic minority groups in our society, especially recent Asian, Latin American, and African immigrants, have exposed helping professionals to a host of different belief systems, some radically different from our own, but many with familiar parallels. As counselors working with client groups who differ from them in race, culture, and ethnicity, it seems important to study and understand indigenous healing practices and our potential role as advocates.

Indigenous healing can be defined as helping beliefs and practices that originate over extended time within the culture, that are not transported from other regions, and that are designed for treating the inhabitants of the given group. Those who study indigenous psychologies do not make an a priori assumption that one particular perspective is superior to another. Most non-Western indigenous healing beliefs share certain assumptions:

(a) problems reside in relationships with people and spirits;

(b) harmony and balance in the family and nature are

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desirable;
c) healing must involve the entire group and not just an individual;
(d) spirituality, prayer, and ritual are important aspects of healing;
(e) the helper is a respected elder of the family or community; and
(f) the method of healing is culture specific.

Rationale

Even the American Psychiatric Association in the *Diagnostic and Statistical Manual-IV* (*DSM-IV*) acknowledges the importance of ethnic and cultural factors related to psychiatric diagnosis. They warn that clinicians who work with immigrant and ethnic minorities must take into account: (a) the predominant means of manifesting disorders (e.g., possessing spirits, nerves, fatalism, and inexplicable misfortune), (b) culture-specific explanatory models, and (c) preferences for indigenous sources of care. Let me use a real life case example (Tobin & Friedman, 1983) to illustrate these points.

Spirit attacks and shamanic cure: The case of Vang Xiong

In 1980, a former Laotian Hmong soldier, Vang Xiong, resettled in Chicago with his wife and child. In addition to the trauma associated with his escape from Laos, and witnessing the horrendous torture and death of his comrades and relatives, the adjustment to unfamiliar surroundings in an urban area caused extreme culture shock. Several months after his arrival, Vang's problems began.

Vang had difficulty sleeping and frequently had disturbing dreams. His fitful sleep was dominated by dreams of a cat or dog sitting on his chest making it extremely difficult to breath. The most frightening nightmare, however, was when a tall female spirit came to his bed and lay on top of him. He could not breath and was near suffocation when he would awaken screaming. Vang strongly believed that his death was imminent. After many sleepless nights, Vang came to see his resettlement worker, a young bilingual Hmong man named Moua Lee. Lee was aware of the many inexplicable deaths which occurred among the recent refugees—known as the "Hmong Sudden Death Syndrome." It generally occurred within the first two years of residence in the United States. Autopsies produced no identifiable cause for the

deaths. All the reports were the same—a person in apparently good health went to sleep and died without awakening. Often, the victim displayed labored breathing, screams, and frantic movements just before death. With this dire possibility for Vang, the mental health staff felt they lacked the expertise for so complex and potentially dangerous a case. Conventional western means of treatment for other similarly afflicted Hmong clients had proven minimally effective.

Fortunately, Lee successfully served as an advocate on behalf of his client. He cited countless examples of such cases which were successfully treated in his homeland; convinced the staff that Vang's belief in the spirit world had similarities to the world of the unconscious; sought out consultation with Hmong elders in the community; argued against policies preventing the use of nontraditional healing methods; and enlisted the aid of a highly respected shaman, Mrs. Thor. While the social services agency remained skeptical, they finally saw no other option and finally consented to Lee's request. The description of the treatment is given below:

> That evening, Mrs. Thor arrived at the home of Vang Xiong and listened to his story, asked a few questions, and then told him she thought she could help. She gathered the Xiong family around the dining room table, upon which she placed some candles alongside many plates of food that Vang's wife had prepared. Mrs. Thor lit the candles, and then began a chant that Vang and his wife knew was an attempt to communicate with spirits. ... Approximately one hour after she had begun, Mrs. Thor completed her chanting, announcing that she knew what was wrong...she had learned from her spirit that the figures in Vang's dreams who lay on his chest and who made it so difficult for him to breathe were the souls of the apartment's previous tenants, who had apparently moved out so abruptly they had left their souls behind. Mrs. Thor constructed a cloak out of newspaper for Vang to wear. She then cut the cloak in two, and burned the pieces, sending the spirits on their way with the smoke. She also had Vang crawl through a hoop, and then between two knives, telling him that these maneuvers would make it very hard for spirits to follow. Following these brief ceremonies, the food prepared by Vang's wife was enjoyed by all. The leftover

meats were given in payment to Mrs. Thor, and she left, assuring Vang Xiong that his troubles with spirits were over. (p. 441)

Since undergoing the healing ceremony in which the unhappy spirits were released, Vang has reported no more problems with nightmares or with his breathing during sleep.

Such a story might appear unbelievable and akin to mysticism to readers. Most of us have been trained in a Western ontology which does not embrace indigenous nor alternative healing approaches. Indeed, if anything, it actively rejects such approaches as unscientific and supernatural; counselors are encouraged to rely on sensory information, defined by the physical plane of existence rather than the spiritual one. Such a rigid stance is unfortunate and short-sighted because there is much that counselors can learn from these age-old forms of treatment. Unfortunately, space does not allow for a discussion of the evidence supporting indigenous healing.

The Role of an Advocate

Were it not for Lee who acted as an advocate on behalf of Vang, he might not be alive today. Because counselors are increasingly being asked to work with culturally different clients, and because they now realize that the conventional one-to-one, in-the-office, talk-form of treatment may be at odds with the cultural views of their clients, they are finding their traditional therapeutic role ineffective. Advocacy roles share certain commonalties (D.W. Sue, et.al, 1998):

(a) They are generally characterized by the more active helping style of the counselor;
(b) They often involve the counselor working outside the office and in the home, institution, or community of the client;
(c) The role of the counselor is more externally focused and directed toward changing environmental conditions such as policies and practices of an organization, enhancing job opportunities, etc. as opposed to focusing on and changing the client;
(d) Clients are not perceived as having a problem (internal pathology), but as experiencing one (problematic situations);
(e) The advocacy role emphasizes prevention as well as

remediation; and

(f) The counselor shoulders an increased responsibility for determining the course and outcome of the helping process.

The advocate role entails representing the person's or group's best interests to other individuals, groups, or organizations. Advocates may, for example, represent a person who does not speak English well and argue on their behalf for fair and equitable treatment. The role is not a neutral one and may entail sociopolitical dimensions.

Becoming an Advocate for Indigenous Healing

More than anything else, indigenous healing and advocacy are community oriented and focused. Culturally competent counselors must begin to expand their definition of the helping role to encompass greater community involvement. The conventional counselor role, oftentimes, is nonfunctional in minority communities. Becoming an effective advocate for indigenous healing requires increased sensitivity and knowledge acquisition. Reading books about non-western belief systems and attending seminars and lectures on the topic are valuable and helpful, but understanding culturally different perspectives must be supplemented by "lived experience." Because the United States has become so diverse, one need not leave the country to experience the richness of different cultures and belief systems. Opportunities abound. I suggest that counselors consider attending cultural events, meetings, and activities of culturally different groups in the community. Such actions allow you to view minority individuals interacting in their community and how their values are expressed in relationships. Hearing from church leaders, attending open community forums, and attending community celebrations allow you to sense the strengths of the minority community, observe leadership in action, personalizes your understanding; and it allows you to identify potential guides and advisors to your own self-enlightenment.

Mental health professionals must be willing and able to form partnerships with indigenous healers or develop community liaisons if they are to become effective advocates. Such an outreach has several advantages:

(a) traditional healers may provide knowledge and insights into client populations which would prove of value to the delivery of counseling services,

(b) such an alliance will ultimately enhance the cultural credibility of counselors, and
(c) it allows for referral to traditional healers (shamans, religious leaders, etc.) in which treatment is rooted in cultural traditions. To accomplish these goals, counselors must respect the universal shamanic tradition while still being embedded in a Western psychological tradition. Most culturally different clients are open to a blend of both western and non-western approaches.

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